

Montana Department Of Environmental Quality  
 Permitting & Compliance Division  
 Air & Waste Management Bureau  
 P.O. Box 200901  
 Helena, MT 59620-0901

## HAZARDOUS WASTE TRANSPORTER REGISTRATION FORM

**TRANSPORTER'S  
EPA ID NUMBER**

(Mandatory)

**NAME OF  
TRANSPORTER**

(Company Name)

**TRANSPORTER  
MAILING  
ADDRESS**

(Street or P.O. Box)

(City or Town)

(State)

(Zip)

**TRANSPORTER  
CONTACT**

(Last Name)

(First Name)

(Title)

**TELEPHONE**

(Telephone Number)

(Extension)

**ALTERNATE  
TRANSPORTER  
CONTACT**

(Last Name)

(First Name)

(Title)

**TELEPHONE**

(Telephone Number)

(Extension)

**TRANSPORTATION  
MODE**

Describe the mode(s) of hazardous waste transportation employed:

☐ (A) Air      ☐ (R) Rail      ☐ (O) Other  
☐ (W) Water      ☐ (H) Highway

**TRANSPORTATION  
SERVICE**

Are hazardous waste transportation services provided on a for-hire basis or is the hazardous waste transportation activity strictly private in nature (i.e., the hazardous waste generator and the transporter are one in the same entity).

☐ For Hire Transporter      ☐ Private Transporter Only

Include any additional information which will clarify the nature of your hazardous transportation activities:

(Signature of Company Official and Title MUST be included below)

(Name – Please Print)

(Signature)

(Title)

(Date Signed)

**Company Name:** \_\_\_\_\_ **EPA ID:** \_\_\_\_\_

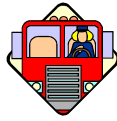


Identify the locations of all hazardous waste transportation-related offices, terminals, depots and/or transfer facilities situated within Montana.



*(Please make copies for additional sheets if necessary.)*

Type of Facility:	_____		
Location Street:	_____		
Location City:	_____	County:	_____
Contact Person(s):	_____	Phone Number:	_____
Alternate Contact:	_____	Phone Number:	_____
Type of Facility:	_____		
Location Street:	_____		
Location City:	_____	County:	_____
Contact Person(s):	_____	Phone Number:	_____
Alternate Contact:	_____	Phone Number:	_____
Type of Facility:	_____		
Location Street:	_____		
Location City:	_____	County:	_____
Contact Person(s):	_____	Phone Number:	_____
Alternate Contact:	_____	Phone Number:	_____
Type of Facility:	_____		
Location Street:	_____		
Location City:	_____	County:	_____
Contact Person(s):	_____	Phone Number:	_____
Alternate Contact:	_____	Phone Number:	_____
Type of Facility:	_____		
Location Street:	_____		
Location City:	_____	County:	_____
Contact Person(s):	_____	Phone Number:	_____
Alternate Contact:	_____	Phone Number:	_____



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## HAZARDOUS WASTE TRANSPORTER SERVICE LIST FORM

*(Please list your company's information as you want it to appear.)*

**TRANSPORTER'S  
EPA ID NUMBER**

*(Mandatory)*

**NAME OF  
TRANSPORTER**

*(Company Name)*

would like to be included in your listing of firms that provide hazardous waste transportation services for hire. I understand this listing will include our mailing address and phone number and will be available to the general public.

**TRANSPORTER  
MAILING  
ADDRESS**

*(Street of P.O. Box)*

*(City or Town)*

*(State)*

*(Zip)*

**TRANSPORTER  
CONTACT**

*(Last Name)*

*(First Name)*

*(Title)*

**TELEPHONE**

*(Telephone Number)*

*(Extension)*

**ALTERNATE  
TRANSPORTER  
CONTACT**

*(Last Name)*

*(First Name)*

*(Title)*

**TELEPHONE**

*(Telephone Number)*

*(Extension)*

**TRANSPORTATION  
SERVICE**

Are hazardous waste transportation services provided on a for-hire basis or is the hazardous waste transportation activity strictly private in nature (i.e., the hazardous waste generator and the transporter are one in the same entity).

☐ For Hire Transporter      ☐ Private Transporter Only

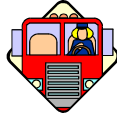
***(Signature of Company Official and Title MUST be included below)***

*(Name - Please Print)*

*(Signature)*

*(Title)*

*(Date Signed)*



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## TERMINATION OF REGISTERED HAZARDOUS WASTE TRANSPORTER FORM

*(Please list your company's information as you want it to appear.)*

**TRANSPORTER'S  
EPA ID NUMBER**

\_\_\_\_\_  
(Mandatory)

**NAME OF  
TRANSPORTER**

\_\_\_\_\_  
(Company Name)

no longer desires to be registered with the Montana Department of Environmental Quality as a hazardous waste transporter. Please delete our business from the registered transporter listing. We understand that by terminating the registration we will be unable to legally transport hazardous waste

**TRANSPORTER  
MAILING  
ADDRESS**

\_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_  
(City or Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

**TRANSPORTER  
CONTACT**

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Title)

**TELEPHONE**

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Extension)

**ALTERNATE  
TRANSPORTER  
CONTACT**

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Title)

**TELEPHONE**

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Extension)

**TRANSPORTATION  
SERVICE**

Are hazardous waste transportation services provided on a for-hire basis or is the hazardous waste transportation activity strictly private in nature (i.e., the hazardous waste generator and the transporter are one in the same entity).

☐ For Hire Transporter

☐ Private Transporter Only

***(Signature of Company Official and Title MUST be included below)***

\_\_\_\_\_  
(Name - Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date Signed)